

APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY For Election to be held: State Form 47090 (R5/12-01) Indiana Election Commission (IC 3-11-4-5.1) 20

(ABS-2)

Indiana Election Commission (IC 3-11-4-3	
To the county election board:	
I, , a re	egistered voter at the address below, apply for an absentee ballot to be Voted By Mail Only, because:
I expect to be out of the county on election day.	
☐ I expect to be confined, due to illness or injury, or I expect	to be caring for a confined person at a private residence, on election day.
	ark the ballot or sign the ballot security envelope, you must contact the county election board to process your application.
I am a voter at least 65 years of age.	
☐ I am an absent uniformed services voter or an overseas vo	oter.
☐ I expect to have official election duties outside of my voting	precinct.
☐ I am scheduled to work at my regular place of employment	t during the entire 12 hours that the polls are open.
If this application is for a PRIMARY ELECTION , ch	neck the political party ballot that you are requesting: DEMOCRATIC REPUBLICAN
OR ☐ Check School Board Only AND/OR ☐ P	ublic Question Only (these options may not be available in all precincts).
of attorney to apply for you, contact your count	efore a traveling board or in person at the county clerk's office, or if you wish for the person holding a power by election board. Lalified voter who resides in the precinct where I am registered.
Voter's signature:	Date of Birth:/ Telephone Number (Day): ()
Voter Identification Number	umber, OR if voter does not possess driver's license or state ID card, provide last 4 digits of social security number)
REGISTRATION ADDRESS: Fill in your residence address	ABSENTEE BALLOT MAILING ADDRESS: Please mail the absentee ballot for the election to me at this address IF different from Registration Address.
	FOR OFFICE USE ONLY
Date (mm/dd/yy)/	
Precinct:	